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CONFIRMATION NO. 3930

SERIAL NUMBER 10/648,662	FILING DATE 08/26/2003  RULE	CLASS 435	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. P-5810
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## APPLICANTS

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\*\* CONTINUING DATA *Yes* \*\*\*\*\*

This appln claims benefit of 60/407,031 08/30/2002

\*\* FOREIGN APPLICATIONS *none* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 12 / 11	INDEPENDENT CLAIMS 32
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>David Kelly</i> Examiner's Signature Initials				

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## TITLE

Multi-well device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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